PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10/624939

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10000				-	RATE	FEE	. [RATE	FEE
			NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
FOF					•			X\$ 9=		OR	X\$18=	
TOT	AL CHARGEAE	BLE CLAIMS	- 1	us 20=	• /					Uh		
	PENDENT CL			ius 3 =				X43=	43.	OR	X86=	
MUL	TIPLE DEPEN	DENT CLAIM PF	RESENT					+145≖		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	428.	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY				
		(Column 1)		(Column 2) HIGHEST			7		ADDI-			ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	AMENDMENT	Minus	**		= .		X \$ 9=		OR	X\$18=	
	Independent	•	Minus	***		*		X43=		OR	X86=	
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						٢	+145=		OR	+290=	
								TOTAL		4	TOTAL	
ADOIT, FEE										10.,	ADOIT. FEE	
		(Column 1)			JMN 2) JHEST	(Column :	3)		-IDDA	1		-IGGA
В		CLAIMS REMAINING		NU	MBER	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
Z		AFTER AMENDMENT			D FOR		4		FEE	┨		FEE_
ENDMENT	Total		Minus	**		=	4	X\$ 9=	<u> </u>	OR	X\$18=	
	Independent		Minus			=	_	X43=	1	OF	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
					٠.			TOTAL ADDIT, FEE] OF	ADOIT. FEE	
. (Column 1) (Column 2) (Column 3)								•				
C F=		(Column 1)		HI	SHEST				ADDI-	7		ADDI-
ENDMENT C		REMAINING AFTER AMENDMENT		PRE	JMBER VIOUSLY JD FOR	PRESEN EXTRA	- 1	RATE	TIONAL	1	RATE	TIONAL
	Total	- AMERICAN	Minus			£ .		X\$ 9=		OF	X\$18=	
III.	independ m		Minus	244		•		X43=		T _{oi}	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			1	200	
-								+1.45=			TOTA	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									<u>د ا</u> .		ADDIT. FE	ĒL
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1	The Trignest No	RIDGE PTEVIOUSLY	an in line	p.		-	•				DEPARTMENT	55 001 U/C0